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# AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

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AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

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## SUMMARY

The Navy Medical Services and Outpatient Morbidity Reporting system (NAVMED 6300/1) is described. An alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during earlier studies is presented. Potential uses of the medical data captured using the alternative system are described.

## AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

### Introduction

Navy-wide outpatient morbidity information is currently captured through the use of the Medical Services and Outpatient Morbidity Report. This report is prepared by all ships and stations of the Navy and Marine Corps staffed with Medical personnel, providing inpatient and/or outpatient care. These reports are used in the preparation of budget estimates, in programming, in analysis of personnel authorizations and requirements, in determining the size of replacements or additions to existing facilities, and in the evaluation of selected morbidity levels. They also provide a method for directing and measuring the results of preventative medicine programs.

Earlier reports from the Naval Health Research Center<sup>1-2</sup> noted the need for an updated medical reporting system for the Navy to meet the increasing demand for accurate medical treatment information. Specifically the need for more efficient procedures and more appropriate reporting categories was identified. The alternative reporting systems tested in these previous studies utilized a standardized checklist reporting format to capture all data necessary for morbidity reporting. The demonstrated viability of these systems was considered encouraging.

This report describes the Navy Medical Services and Outpatient Morbidity Reporting System and presents an alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during these earlier studies.

### Current Reporting Procedures

All Navy facilities and ships staffed with medical personnel are required to mail a completed Medical Services and Outpatient Morbidity Report (see figures 1 & 2) at the end of each month to the Naval Medical Data Services Center in Bethesda, Maryland. These reports must be mailed before the end of the fifth working day following the end of the report month.

Feeder data necessary for the report are submitted by clinic personnel to the designated individual who is responsible for compiling and submitting the report. The information compiled each month includes: number of visits (inpatient and outpatient), number and types of laboratory tests performed, number of prescriptions dispensed, number of spectacles ordered, number of physical examinations performed, number of immunizations administered, average number of active duty personnel served by the reporting facility or ship, number of visits to individual clinics (if they are separately organized), and finally, the number of new cases and revisits for 70 specific diagnostic categories.

The task of gathering all this information can take anywhere from one to five days, depending on the size of the facility and the methods used to retrieve the data. Some facilities use logs or tally sheets to keep track of the data while others sift through individual health records at the end of each month in order to achieve their final counts. These present methods tend to be cumbersome, making it difficult to verify the accuracy of reported data. Finally, in terms of data utilization, cross tabular reports are not currently possible since morbidity data are reported as group totals.

#### Proposed Alternative Method for Capturing Medical Data

Since almost all the information needed for the Medical Services and Outpatient Morbidity Report can be derived from one basic unit of observation, a record of the patient visit, it is suggested that all pertinent data for the report be captured at that point. An instrument capable of capturing the required data has been developed by NHRC and is currently in the testing phase.

This instrument, the Patient Encounter Form, is a one-page, two-sided, standardized checklist that can be completed during or immediately following each patient visit. The standardized checklist format is incorporated into this form to allow for quick and easy capture of all information required for preparation of the Monthly Morbidity Report.

Furthermore, capturing complete Patient Encounter data on a per-visit basis allows for greater flexibility in generating summary reports and in tracking individual cases. Once the data are entered into the system, they can be processed to rapidly generate counts necessary for completion of the Monthly Morbidity Report. In addition, the computerized data can be used to compute other counts and cross tabulations, such as diagnoses by disposition, or number and type-of-accidents by paygrade or branch-of-service. An individual's medical history can also be generated, in summary form, for review by the treating corpsman or physician. Finally, because personnel strength statistics are available for each Navy command, illness rates by command can be easily computed by dividing the total number of visits for personnel from a command by the Unit Identification Code (UIC) strength data.

#### Use of the Patient Encounter Form

The proposed form (see figures 3 and 4) can be used at all facilities monitored by the Naval Medical Command (NAVMEDCOM) and will provide a uniform method of collecting monthly morbidity data. The form should be filled out for each patient visiting a patient care unit.

Patient information in Section I is normally filled in by the patient. Here, the patient is identified by Name and Social Security Number. Branch of service, pay grade, and sex are indicated by checking appropriate boxes as are the unit number and information regarding injuries. A short explanation may be required if an injury has occurred. A special section on the form is provided to specify the type of injury and injury location.

Section II provides checklists for various signs, symptoms and diagnoses. The checklists cover the areas which are needed to complete the Medical Services and Outpatient Morbidity Report. In addition, data gathered in previous studies <sup>3,4</sup>, were analyzed and those illness categories that occurred most frequently were added to the list. If a diagnosis other than one listed is reported, it must be specified on the line provided. The health care provider checks the appropriate box or boxes and then, specifies the patient's disposition (limits of duty, evacuation or hospitalization) in Section III. The backside of the form, Sections IV through VIII, contains several checklists indicating treatment provided, patient status, along with the services and testing provided.

These sections would again be checked off by the health care provider as appropriate. Once a month, the forms are to be mailed, along with a cover sheet (identifying the treatment facility and conditions during that period) to an appropriate Data Collection Center for processing.

#### Computer Assisted Data Collection

The Patient Encounter Form has been designed to facilitate the automatic processing of these data. To demonstrate this capability, computer software was developed which captures illness visit data with a microcomputer. After the encounter data has been entered into the microcomputer, the set of monthly encounters can then be sent via a floppy disk to the Data Center for easy uploading into the computer used to generate the Monthly Morbidity Reports. This would eliminate many data entry problems at the Data Collection Center. The primary benefit of this procedure, however, is that the local facility can retain all of its data in electronic form and utilize that information through the use of accompanying report generating programs. Patient Summary reports could be used locally or could be included as tables or attachments in outgoing reports. This data would provide facility commanders with information regarding types and extent of medical problems, lost man hours, and consumption of medical resources. Computer assisted data collection would require the facility to have a computer or computer terminal but would not require the data entry person to have more than a basic understanding of some simple keyboard functions. The Medical Encounter Report could potentially be used as a data capture instrument upon deployment of the SNAP Automated Medical System (SAMS).

In summary, the Patient Encounter Report serves to capture the pertinent medical information. Data from the report are entered into a computer and the original form can be filed in an individual medical folder as a hard copy record of the visit. The data in the computer can then be used to generate the Monthly Morbidity Report, a sick call log, and a variety of reports that the local command may find useful. Further, combining the illness data with command strength data allows illness rates to be computed for separate Navy commands. These data, in turn, can be aggregated according to type of operation or area of operation.

## REFERENCES

1. La Rocco, J.M., Gunderson, E.K.E.,: A Proposed New Outpatient Data Collection System. Report No. 78-9, Naval Health Research Center, San Diego, CA, 1978.
2. Hermansen, L.A., Jones, A.P., and Butler, M.C.,: Development of an Outpatient Medical Treatment Reporting System for Shipboard Use. U.S. Navy Medicine, 71: 16-21, 1980.
3. Gunderson, E.K.E., Rahe, R.H., Arthur, R. J., The Epidemiology of Illness in Naval Environments. II. Demographic, Social Background, and Occupational Factors, Military Medicine. 135, 453-458, 1970.
4. Pugh, W.M., and Gunderson, E.K.E., Individual and Situational Predictors of Illness. Tech Report No. 75-20, San Diego, Naval Health Research Center, 1975.



NAME, ADDRESS, ZIP CODE OF FACILITY

FACILITY AND LOCATION CODE

REPORT PERIOD

F F F F F F F L L Y Y M M

SECTION I - GENERAL WORKLOAD

LINE NO		ACTIVE DUTY - U.S. UNIFORMED SERVICES					DEPENDENTS	
		A NAVY	B MARCORPS	C ARMY	D AIR FORCE	E OTHER U.S.	F NAVY	G MARCORPS
01	OUTPATIENT VISITS							
02	INPATIENT VISITS							
03	ADMITTED TO QUARTERS							
04	QUARTERS PATIENT DAYS							
		DEPENDENTS				SPECIAL CATEGORIES		
		A ARMY	B AIR FORCE	C OTHER U.S.	D RET DEC	E RET REC	F U.S. CIV	G OTHER
05	OUTPATIENT VISITS							
06	INPATIENT VISITS							

SECTION II - ADJUNCT SERVICES

		A OUTPATIENT	B INPATIENT		C OUTPATIENT	D INPATIENT
07	LABORATORY TESTS			PHARMACY UNITS		
08	PULMONARY FUNCTION STUDIES			X-RAY FILM EXPOSURES		
09	AUDIOGRAMS			DIALYSIS PROCEDURES		
10	COBALT/CESIUM			EEGs		
11	ECGs			FLUOROSCOPIC EXAMS		
12	RADIOISOTOPE STUDIES			RADIUM & RADIOISOTOPE THERAPY		
13	OTHER DEEP THERAPY					

SECTION III - OTHER SERVICES

OPHTHALMOLOGY					MISCELLANEOUS			
A REFRACTION MC	B REFRACTION MSC	SPECTACLES ORDERED		E FABRICATED SINGLE VIS	F FLIGHT PHYS EXAM	G OTHER COMP PHYS EXAM	H IMMUNI- ZATIONS	I LIMITED SERVICES
		C SINGLE	D BIFOCAL					
14								

SECTION IV - SELECTED DATA

A FETAL DEATH	VASECTOMIES		D PEAK CENSUS
	AC N&MC	OTHER	
15			

SECTION V - ACTIVE DUTY AVERAGE STRENGTH

E NAVY	F MARCORPS	G ARMY	H AIR FORCE

SECTION VI - INDIVIDUAL CLINIC/SERVICE WORKLOAD

	A LIMITED SERVICES	VISITS		D LIMITED SERVICES	VISITS	
		B OUTPATIENT	C INPATIENT		E OUTPATIENT	F INPATIENT
16	ALLERGY			ANESTHESIOLOGY		
17	CARDIOLOGY			CHEST DISEASE		
18	DERMATOLOGY			EMERGENCY ROOM		
19	ENDOCRINOLOGY			GASTROENTEROLOGY		
20	GENERAL INTERNAL MED			GENERAL PRACTICE		
21	GENERAL SURGERY			GYNECOLOGY		
22	HEMATOLOGY			NEUROLOGY		
23	NEUROSURGERY			OBSTETRICS		
24	OCCUPAT THERAPY			OPHTHALMOLOGY		
25	ORTHOPEDICS			OTORHINOLARYNGOLOGY		
26	PEDIATRICS			PHYSICAL THERAPY		
27	PLASTIC SURGERY			PODIATRY		
28	PROCTOLOGY			PSYCHIATRY		
29	PSYCHOLOGY			THORACIC SURGERY		
30	UROLOGY					
31	FAMILY PRACTICE					

Figure 1.

SECTION VII - OUTPATIENT MORBIDITY - ACTIVE DUTY NAVY AND MARINE CORPS PERSONNEL									
NEW CASES	REVISED		ITEM	NEW CASES	REVISED		ITEM	NEW CASES	REVISED
	A	B			C	D			
33	Infective and Parasitic Diseases		Respiratory System Diseases				Accidents, Poisonings, and Violence		
34	Acute Gastroenter, Diarrhea, Dysentery		Acute Respiratory Diseases, Incl URI				Battle Casualties (BI)		
35	Gonorrhea		Influenza Syndrome				Adverse Effects of Noise		
36	Syphilis		Occupational Inhalation Diseases				Adverse Effects of Heat, Local		
37	Genital Herpes Virus		All Other Respiratory Diseases				Adverse Effects of Heat, Systemic		
38	Nongonococcal Urethritis						Adverse Effects of Cold		
39	Other Sexually Transmitted Diseases		Digestive System Diseases				Motion Sickness		
40	External Parasites						Motor Vehicle Accidents		
41	Fungal Diseases, Athlete's Foot		Genitourinary System Diseases				Occupational Injuries		
42	All Other Infective & Parasitic Diseases		Comp of Pregnancy, Childbirth, Puerperium				Occupational Poisoning		
43							Nonoccupational Injuries		
44	Neoplasms						Adverse Effects of Medication		
45			Skin and Subcutaneous Diseases				All Other Accidents, Poison, & Viol		
46	Endocrine, Nutr, & Metabolic Diseases		Cellulitis, Pyoderma, and Abscess						
47			Occupational Dermatitis				Family Planning, Contraception		
48	Blood Diseases		Heat Rash				Female		
49			Nonoccupational Allergic Dermatitis				Male		
50	Mental Disorders		Moles, Warts, and Cysts						
51	Alcoholism		All Other Skin Diseases				Supplementary Classifications		
52	Marijuana								
53	Narcotic Drugs		Musculoskeletal System Diseases				TUBERCULIN TESTING	NUMBER	
54	Non-narcotic Drugs						Skin Tests Read		
55	Combination		Congenital Anomalies				Skin Tests Reactive		
56	All Other Mental & Behavioral Diseases						Skin Tests Convertors		
57			Signs, Symptoms, & Ill-defined Conditions				Skin Tests Nonreactive		
58	Nervous System & Sense Organ Diseases		General Malaise, Fatigue				Screening X rays		
59			Headache				Screening X rays Abnormal		
60	Circulatory System Diseases		Fever of Undetermined Origin				Patients Placed on INH		
61			All Other Signs and Symptoms				Reactions to INH		

REMARKS

REMARKS

[illegible][illegible]

Nº 00091

## PATIENT ENCOUNTER REPORT

## I PATIENT INFORMATION

TODAY'S DATE (MM DD YY)

NAME (LAST FIRST MI)

SOCIAL SECURITY NUMBER

BIRTHDATE (MM DD YY)

BRANCH OF SERVICE

☐ NAVY ☐ MARINE CORPS ☐ OTHER

PAY GRADE

E O W

SEX

☐ MALE  
☐ FEMALE

ASSIGNED TO

SHIP NAME

OR (if SHORE COMMAND) BATTALION SQUADRON UNIT

VISIT NUMBER FOR PRESENT PROBLEM

☐ 1 ☐ 2 ☐ 3 ☐ 4 OR MORE

IF INJURED

☐ ON DUTY ☐ OFF DUTY

WHERE?

☐ ASHORE ☐ ABOARD

WAS INJURY CAUSED BY

☐ MOTOR VEHICLE☐ BATTLE CASUALTY☐ OTHER BRIEFLY DESCRIBE CAUSE (more space on back of form if needed)

## II SIGNS, SYMPTOMS, AND DIAGNOSES

## RESPIRATORY

- ☐ 450 URI  
☐ 447 PHARYNGITIS  
☐ 448 TONSILLITIS  
☐ 452 INFLUENZA  
☐ 464 BRONCHITIS  
☐ 466 ASTHMA  
☐ 446 SINUSITIS  
☐ 483 OCCUPATIONAL INHALATION DISORDER  
☐ 459 PNEUMONIA  
☐ 474 RHINITIS

☐ OTHER SPECIFY

## GASTROINTESTINAL

- ☐ 512 ACUTE GASTROENTERITIS COLITIS  
☐ 498 ULCER  
☐ 010 DIARRHEA  
☐ 52008 CONSTIPATION  
☐ 505 APPENDICITIS  
☐ 005 ACUTE BACILLARY DYSENTERY  
☐ OTHER SPECIFY

## MUSCULOSKELETAL

- ☐ 665 TENDONITIS  
☐ 656 JOINT DERANGEMENT  
☐ 659 INTERVERTEBRAL DISC DISORDER

☐ OTHER SPECIFY

## BEHAVIORAL

- ☐ 27401 ANXIETY  
☐ 297 SITUATIONAL DISTURBANCE  
☐ 280 DRUG ABUSE  
☐ 278 ALCOHOL ABUSE  
☐ 27407 DEPRESSION

☐ OTHER SPECIFY

## EYE EAR

- ☐ 357 OTITIS EXTERNA  
☐ 358 OTITIS MEDIA  
☐ 337 CONJUNCTIVITIS

☐ OTHER SPECIFY

## SKIN

- ☐ 094 FUNGAL INFECTION TINEA  
☐ 615 PYODERMA BOIL ABSCESS CARBUNCLE  
☐ 640 ACNE  
☐ 623 DERMATITIS RASH  
☐ 115 SCABIES  
☐ 618 CELLULITIS  
☐ 638 FOLLICULITIS  
☐ 114 PEDICULOSIS  
☐ 621 CYST  
☐ 06902 WART  
☐ 62476 HEAT RASH  
☐ 62474 THERMAL BURN

☐ OTHER SPECIFY

## VD/GU

- ☐ 538 GONORRHEA  
☐ 538 NON-SPECIFIC URETHRITIS  
☐ 04716 GENITAL HERPES VIRUS  
☐ 086 SYPHILIS  
☐ 08801 CHANCROID

☐ OTHER SPECIFY

## OTHER MEDICAL PROBLEMS

- ☐ 012 ACTIVE CLINICAL TUBERCULOSIS  
☐ 73710 FEVER OF UNDETERMINED ORIGIN  
☐ 30505 GENERAL MALAISE/FATIGUE  
☐ 739 HEADACHE  
☐ 440 HEMORRHOIDS  
☐ 507 HERNIA  
☐ 047 HERPES SIMPLEX VIRUS  
☐ 382 HYPERTENSION  
☐ 917 IMMUNOLOGICAL REACTION  
☐ 34209 MOTION SICKNESS  
☐ 249 OVERWEIGHT

☐ DENTAL SPECIFY☐ OTHER SPECIFY UNLISTED CONDITION

## ACCIDENTS TRAUMA

Show TYPE OF INJURY and INJURY LOCATION by filling the space to the left with the appropriate LETTER CODE from Location Letter Code List

CODE	TYPE OF INJURY	LOCATION LETTER CODES
11	ABRASION	
12	BRUISE	A SCALP N HAND B FACE O FINGER C EYE P BACK D EAR Q ABDOMEN E MOUTH R HIP BUTTOCK F NECK S GROIN CROTCH G CHEST T UPPER ARM H REE U KNEE I SHOULDER V SHIN/CALE J UPPER ARM W ANKLE K ELBOW X FOOT L FOREARM Y TOE M WRIST Z DOES NOT APPLY
13	BURN-CHEMICAL	
14	BURN-HEAT	
15	FOREIGN BODY	
16	FRACTURE	
17	HEAT EXHAUSTION	
18	HEAT STROKE	
19	LACERATION	
20	POISONING	
21	PUNCTURE WOUND	
22	SPRAIN STRAIN	

☐ OTHER SPECIFY

## III DISPOSITION

- ☐ 1 FULL DUTY  
☐ 2 LIGHT DUTY (# days \_\_\_\_\_)  
☐ 3 NO DUTY (# days \_\_\_\_\_)  
☐ 4 EVALUATION  
☐ 5 REEVALUATED

PLEASE TURN PAGE - MORE ON OTHER SIDE

Figure 3.

#### IV TREATMENT PROVIDED

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 01 NO TREATMENT PROVIDED     | <input type="checkbox"/> 04 SURGERY, SUTURE PROCEDURES | <input type="checkbox"/> 08 X RAY(S) (# _____) |
| <input type="checkbox"/> 02 EARPLUGS                  | <input type="checkbox"/> 05 DRESSING                   | <input type="checkbox"/> 09 REFERRAL           |
| <input type="checkbox"/> 03 PHYSICAL/EYE/HEARING EXAM | <input type="checkbox"/> 06 EYEGLASSES                 | <input type="checkbox"/> 10 COUNSELING         |
|   | <input type="checkbox"/> 07 PRESCRIPTION(S) (# _____)  |  |

#### V PATIENT STATUS (CHECK ONLY ONE)

- |            |  |                                      |  |
|------------|--|--------------------------------------|--|
| OUTPATIENT | <input type="checkbox"/> 1 ACTIVE DUTY | <input type="checkbox"/> 2 DEPENDENT | <input type="checkbox"/> 3 OTHER SPECIFY _____ |
| INPATIENT  | <input type="checkbox"/> 4 ACTIVE DUTY | <input type="checkbox"/> 5 DEPENDENT | <input type="checkbox"/> 6 OTHER SPECIFY _____ |

#### VI SERVICES (CHECK ANY THAT APPLY)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 01 LAB TEST(S) (# _____) | <input type="checkbox"/> 10 ORDER SPECTACLES (SINGLE)  | <input type="checkbox"/> 18 RADIUM /RADIOISOTOPE THERAPY   |
| <input type="checkbox"/> 02 PFT                   | <input type="checkbox"/> 11 ORDER SPECTACLES (BIFOCAL) | <input type="checkbox"/> 19 FLIGHT PHYSICAL EXAM           |
| <input type="checkbox"/> 03 AUDIOGRAM             | <input type="checkbox"/> 12 FABRICATE SINGLE VISION    | <input type="checkbox"/> 20 OTHER COMPREHENSIVE PHYS EXAM  |
| <input type="checkbox"/> 04 COBALT/CESIUM         | <input type="checkbox"/> 13 PHARMACY UNIT(S) (# _____) | <input type="checkbox"/> 21 IMMUNIZATION(S) (# _____)      |
| <input type="checkbox"/> 05 ECG                   | <input type="checkbox"/> 14 X-RAY (# exposures _____)  | <input type="checkbox"/> 22 LIMITED SERVICE                |
| <input type="checkbox"/> 06 RADIOISOTOPE STUDY    | <input type="checkbox"/> 15 DIALYSIS                   | <input type="checkbox"/> 23 FETAL DEATH                    |
| <input type="checkbox"/> 07 OTHER DEEP THERAPY    | <input type="checkbox"/> 16 EEG                        | <input type="checkbox"/> 24 FAMILY PLANNING /CONTRACEPTION |
| <input type="checkbox"/> 08 REFRACTION MC         | <input type="checkbox"/> 17 FLUOROSCOPIC EXAM          | <input type="checkbox"/> 25 VASECTOMY                      |
| <input type="checkbox"/> 09 REFRACTION MSC        | <input type="checkbox"/> 26 OTHER SPECIFY _____        |  |

#### VII IF THIS IS A SPECIALIZED CLINIC, CHECK TYPE OF CLINIC AND VISIT TYPE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 01 ALLERGY                   | <input type="checkbox"/> 11 GENERAL PRACTICE | <input type="checkbox"/> 21 ORTHOPEDICS         |
| <input type="checkbox"/> 02 ANESTHESIOLOGY            | <input type="checkbox"/> 12 GENERAL SURGERY  | <input type="checkbox"/> 22 OTORHINOLARYNGOLOGY |
| <input type="checkbox"/> 03 CARDIOLOGY                | <input type="checkbox"/> 13 GYNECOLOGY       | <input type="checkbox"/> 23 PEDIATRICS          |
| <input type="checkbox"/> 04 CHEST DISEASE             | <input type="checkbox"/> 14 HEMATOLOGY       | <input type="checkbox"/> 24 PHYSICAL THERAPY    |
| <input type="checkbox"/> 05 DERMATOLOGY               | <input type="checkbox"/> 15 NEUROLOGY        | <input type="checkbox"/> 25 PLASTIC SURGERY     |
| <input type="checkbox"/> 06 EMERGENCY ROOM            | <input type="checkbox"/> 16 NEUROSURGERY     | <input type="checkbox"/> 26 PODIATRY            |
| <input type="checkbox"/> 07 ENDOCRINOLOGY             | <input type="checkbox"/> 17 OBSTETRICS       | <input type="checkbox"/> 27 PROCTOLOGY          |
| <input type="checkbox"/> 08 FAMILY PRACTICE           | <input type="checkbox"/> 18 OCC THERAPY      | <input type="checkbox"/> 28 PSYCHIATRY          |
| <input type="checkbox"/> 09 GASTROENTEROLOGY          | <input type="checkbox"/> 19 OPHTHALMOLOGY    | <input type="checkbox"/> 29 PSYCHOLOGY          |
| <input type="checkbox"/> 10 GENERAL INTERNAL MEDICINE | <input type="checkbox"/> 20 OPTOMETRY        | <input type="checkbox"/> 30 THORACIC SURGERY    |
|   |  | <input type="checkbox"/> 31 UROLOGY             |

#### VISIT TYPE

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 LIMITED SERVICE | <input type="checkbox"/> 2 OUTPATIENT | <input type="checkbox"/> 3 INPATIENT |
|--|---------------------------------------|--------------------------------------|

#### VIII TUBERCULIN TESTING (CHECK ANY THAT APPLY)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1 REACTIVE SKIN TEST    | <input type="checkbox"/> 4 X-RAY SCREEN          | <input type="checkbox"/> 6 PLACED ON INH   |
| <input type="checkbox"/> 2 CONVERTER             | <input type="checkbox"/> 5 X-RAY SCREEN ABNORMAL | <input type="checkbox"/> 7 REACTION TO INH |
| <input type="checkbox"/> 3 NONREACTIVE SKIN TEST |  |  |

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION COMMENT REMARKS

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DATA CONTAINED HEREIN IS THE PROPERTY OF THE DEPARTMENT OF THE ARMY AND IS LOANED TO YOU. IT AND ITS CONTENTS ARE NOT TO BE DISTRIBUTED OUTSIDE YOUR AGENCY.

NR-100-20-101-RF

Figure 4.

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

## REPORT DOCUMENTATION PAGE

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FIELD	GROUP	SUB-GROUP			
19. ABSTRACT (Continue on reverse if necessary and identify by block number) The Navy Medical Services and Outpatient Morbidity Reporting System (NAV MED 6300/1) is described. An alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during earlier studies is presented. Potential uses of the Medical data captured using the alternative system are described.					
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83 APR 1989 may be used until exhausted.

A. Other editions are obsolete

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